Number above.  2. I have been insured continuously under the Policy since 01/10/2010  3. I am currently 14 years of age.  4. I permanently and totally retired from the practice of medicine, or I intend to permanently and totally retire from the practice of medicine for medicine, on				· 	
City: Sant Paul  State: MN ZIP: 55130  MP116894 AND PRIOR POLICY NUMBER WAS MF71336  AFFIDAVIT OF RETIREMENT FORM, AND/OR CESSATION OF, THE PRACTICE OF MEDICINE  The undersigned, Michael B. McGee hereby certifies as follows:  1. I am currently insured by ProAssurance under a Health Care Professional Insurance Policy as identified by the Policy Number above.  2. I have been insured continuously under the Policy since 01/102010  3. I am currently 14 years of age.  4. I permanently and totally retired from the practice of medicine, or I intend to permanently and totally retire from the practice of medicine, or I michael in the following of medicine for monetary or financial compensation in any form at any location either full-time or part-time at any time in the future.  5. I have submitted this Affidavit in order to induce ProAssurance to issue a Reporting Endorsement to me under the Policy either without payment of any additional premium or at a premium discount. I request that ProAssurance waive or discount the normal premium charge for a Reporting Endorsement in reliance upon my representations contained in this Affidavit in Vill pay to ProAssurance waive or discount the normal premium charge for a Reporting Endorsement in reliance upon my representations contained in this Affidavit will pay to ProAssurance.  6. I agree that if either (a) any representation contained in this Affidavit should be inaccurate or (b) I should recommend the practice of medicine for monetary or financial compensation at any time within five (5) years after the date of this Affidavit. I will pay to ProAssurance.  Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the above numbered policy, other than as above stated.  Dated this day of age.  Notary Signature  Michael B. McGee  Notary Signature  Notary Signature	Name of Insured: River Valley Fo	orensic Services P.A.	NOTE: DO NOT	CANCEL POLICY - ONLY	REMOVE MICHAEL MCGEE MD
AFFIDAVIT OF RETIREMENT FORM, AND/OR CESSATION OF, THE PRACTICE OF MEDICINE  The undersigned, Michael B. McGee here by certifies as follows:  1. I am currently insured by ProAssurance under a Health Care Professional Insurance Policy as identified by the Policy Number above.  2. I have been insured continuously under the Policy since 01/10/2010  3. I am currently _74_ years of age.  4. I permanently and totally retired from the practice of medicine, or I intend to permanently and totally retire from the practice of medicine for monetary or financial compensation in any form at any location either full-time or part-time at any time in the future.  5. I have submitted this Affidavit in order to induce ProAssurance to issue a Reporting Endorsement to me under the Policy either without payment of any additional premium or at a premium discount. I request that ProAssurance waive or discount the normal premium charge for a Reporting Endorsement in reliance upon my representations contained in this Affidavit, I will pay to ProAssurance such premium (or additional premium) as would have been payable if this Affidavit and not been delivered to ProAssurance.  Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the above numbered policy, other than as above stated.  Dated this day of Occember 2022  Signature  Michael B. McGae  Please Print Name  Sworn to and subscribed to before me this day of December 20.22  Notary Signature  My commission expires Jan 31 2027	Address: 300 East University Aven	ue			
AFFIDAVIT OF RETIREMENT FORM, AND/OR CESSATION OF, THE PRACTICE OF MEDICINE  The undersigned, Michael B. McGee here by certifies as follows:  1. I am currently insured by ProAssurance under a Health Care Professional Insurance Policy as identified by the Policy Number above.  2. I have been insured continuously under the Policy since 01/10/2010  3. I am currently 1/2 years of age.  4. I permanently and totally retired from the practice of medicine, or I intend to permanently and totally retire from the practice of medicine of medicine for monetary or financial compensation in any form at any location either full-time or part-time at any time in the future.  5. I have submitted this Affidavit in order to induce ProAssurance to issue a Reporting Endorsement to me under the Policy either without payment of any additional premium or at a premium discount. I request that ProAssurance waive or discount the normal premium charge for a Reporting Endorsement in reliance upon my representations contained in this Affidavit should be inaccurate or (b) I should recommend the practice of medicine for monetary or financial compensation at any time within five (5) years after the date of this Affidavit, I will pay to ProAssurance such premium (or additional premium) as would have been payable if this Affidavit and not been delivered to ProAssurance.  Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the above numbered policy, other than as above stated.  Dated this day of deember 2022  Signature  Michael B. McGee Please Print Name  Sworn to and subscribed to before me this day of December 2023  Notary Signature  My commission expires Jac 31 2027	City: Saint Paul	State:	MN	ZIP:	55130
hereby certifies as follows:  1. 1 am currently insured by ProAssurance under a Health Care Professional Insurance Policy as identified by the Policy Number above.  2. 1 have been insured continuously under the Policy since 01/10/2010  3. 1 am currently 1/4 years of age.  4. 1 permanently and totally retired from the practice of medicine, or I intend to permanently and totally retire from the practice of medicine of medicine for monetary or financial compensation in any form at any location either full-time or part-time at any time in the future.  5. 1 have submitted this Affidavit in order to induce ProAssurance to issue a Reporting Endorsement to me under the Policy either without payment of any additional premium or at a premium discount. I request that ProAssurance waive or discount the normal premium charge for a Reporting Endorsement in reliance upon my representations contained in this Affidavit should be inaccurate or (b) I should recomment the practice of medicine for monetary or financial compensation at any time within five (5) years after the date of this Affidavit, I will pay to ProAssurance such premium (or additional premium) as would have been payable if this Affidavi had not been delivered to ProAssurance.  Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the above numbered policy, other than as above stated.  Dated this day of Occember 2022  Notary Signature  My commission expires Jan 31, 2027  My commission expires Jan 31, 2027  My commission expires Jan 31, 2027	Policy Number:	MP116894	AND PRIOR POLIC	Y NUMBER WAS MP713	36
1. I am currently insured by ProAssurance under a Health Care Professional Insurance Policy as identified by the Policy Number above.  2. I have been insured continuously under the Policy since 01/10/2010  3. I am currently 14 years of age.  4. I permanently and totally retired from the practice of medicine, or I intend to permanently and totally retire from the practice of medicine for medicine, on	AFFIDAVIT OF RET	FIREMENT FORM, AN	ID/OR CESSATIO	ON OF, THE PRACT	ICE OF MEDICINE
Number above.  2. I have been insured continuously under the Policy since 01/10/2010  3. I am currently 14 years of age.  4. I permanently and totally retired from the practice of medicine, or I intend to permanently and totally retire from the practice of medicine for medicine, on	The undersigned, Michael B. McGe	e her	reby certifies as fo	ollows:	
3. I am currently 14 years of age.  4. I permanently and totally retired from the practice of medicine, or I intend to permanently and totally retire from the practice of medicine, on 12ccember 3/37 2022. My present intention is not to engage in the practice of medicine for monetary or financial compensation in any form at any location either full-time or part-time at any time in the future.  5. I have submitted this Affidavit in order to induce ProAssurance to issue a Reporting Endorsement to me under the Policy either without payment of any additional premium or at a premium discount. I request that ProAssurance waive or discount the normal premium charge for a Reporting Endorsement in reliance upon my representations contained in this Affidavit.  6. I agree that if either (a) any representation contained in this Affidavit should be inaccurate or (b) I should recommend the practice of medicine for monetary or financial compensation at any time within five (5) years after the date of this Affidavit, I will pay to ProAssurance such premium (or additional premium) as would have been payable if this Affidavit had not been delivered to ProAssurance.  Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the above numbered policy, other than as above stated.  Dated this day of 12ccember 2022  Notary Signature  Notary Signature  Notary Signature  Notary Signature  Notary Signature		roAssurance under a H	Health Care Profe	ssional Insurance Pol	licy as identified by the Policy
4. I permanently and totally retired from the practice of medicine, or I intend to permanently and totally retire from the practice of medicine, on	2. I have been insured continu	ously under the Policy	since <u>01/10/2010</u>	·	
practice of medicine, on <u>December 31-57</u> 2022. My present intention is not to engage in the practice of medicine for monetary or financial compensation in any form at any location either full-time or part-time at any time in the future.  5. I have submitted this Affidavit in order to induce ProAssurance to issue a Reporting Endorsement to me under the Policy either without payment of any additional premium or at a premium discount. I request that ProAssurance waive or discount the normal premium charge for a Reporting Endorsement in reliance upon my representations contained in this Affidavit.  6. I agree that if either (a) any representation contained in this Affidavit should be inaccurate or (b) I should recommend the practice of medicine for monetary or financial compensation at any time within five (5) years after the date of this Affidavit, I will pay to ProAssurance such premium (or additional premium) as would have been payable if this Affidavit had not been delivered to ProAssurance.  Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the above numbered policy, other than as above stated.  Dated this day of <u>Occember</u> 2022  Signature  Mehand B. McGcc  Please Print Name  Sworn to and subscribed to before me this day of <u>Occember</u> 2022	3. I am currently 74 years of a	ige.			
Policy either without payment of any additional premium or at a premium discount. I request that ProAssurance waive or discount the normal premium charge for a Reporting Endorsement in reliance upon my representations contained in this Affidavit.  6. I agree that if either (a) any representation contained in this Affidavit should be inaccurate or (b) I should recommend the practice of medicine for monetary or financial compensation at any time within five (5) years after the date of this Affidavit, I will pay to ProAssurance such premium (or additional premium) as would have been payable if this Affidavit had not been delivered to ProAssurance.  Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the above numbered policy, other than as above stated.  Dated this day of locember 2022  Please Print Name  Sworn to and subscribed to before me this day of December 2033  Notary Signature  Notary Signature  My commission expires Jan 31 2027  My commission expires Jan 31 2027	practice of medicine, on	ember 31st	, 20 <u>.<b>Z.2</b>,</u> My p	resent intention is no	t to engage in the practice of
the practice of medicine for monetary or financial compensation at any time within five (5) years after the date of this Affidavit, I will pay to ProAssurance such premium (or additional premium) as would have been payable if this Affidavit had not been delivered to ProAssurance.  Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the above numbered policy, other than as above stated.  Dated this day of Occember 2022  Signature  Michael B. McGee  Please Print Name  Sworn to and subscribed to before me this day of Deceber 2022  Notary Signature  My commission expires Jan 31, 2027  My commission expires Jan 31, 2027	Policy either without payment or discount the normal premiur	of any additional prem	nium or at a prem	ium discount. I reque	est that ProAssurance waive
Signature  Michael B. McGee  Please Print Name  Sworn to and subscribed to before me this Aday of December, 2022  Notary Signature  Notary Signature  Notary Signature  Notary Signature  Notary Signature  Notary Signature	the practice of medicine for mor Affidavit, I will pay to ProAssu	netary or financial com rance such premium (c	npensation at any	time within five (5) y	years after the date of this
Signature  Michael B. McGee  Please Print Name  Sworn to and subscribed to before me this 19 day of December 2022  Notary Signature  My commission expires Jan 31, 2027  David F. Peterson				any of the terms, cond	ditions, agreements or
Muchael B. McGcc  Please Print Name  Sworn to and subscribed to before me this 19 day of Deccaber, 2032  Notary Signature  My commission expires Jan 31, 2027  David F. Peterson	Dated this 15T day of Occemb	ber_2022		-	
Please Print Name  Sworn to and subscribed to before me this 19day of December, 2022  Notary Signature  My commission expires Jan 31, 2027  David F Peterson			Maha	_	
My commission expires Jan 31, 2027 David F Peterson				Please Prin	<del></del>
My commission expires Jan 31, 2027 David F Peterson	Sworn to and subscribed to befo	ore me this <u>f</u> day of	December	\$ 18 PA	mature
Please Print Name	My commission expires <u>Ja</u>	<u>~ 31, 20</u> 27	Da	vid F Pete	1500

DAVID FREDERICK PETERSON
Notary Public
Minnesota
My Commission Expires
Jan 31, 2027

**EXHIBIT C**